



# 2022 USM-SPONSORED METLIFE BENEFITS ANNUAL ENROLLMENT

## BEGINS TODAY AND ENDS MARCH 28

It's here! If you work 20 hours or more per week and are a *Regular* or *CII* employee, this is your once-a-year chance to enroll in the USM-sponsored MetLife Life & LTD benefits.

Be sure to review benefit information before you enroll at [metlife.com/USMD](https://metlife.com/USMD).



### DON'T MISS THESE BENEFITS

- Affordable – choose plan(s) to fit your budget
- Convenient – pay premiums via easy payroll deductions
- Receive benefits in addition to any other insurance you may have

### ENROLL BY PHONE MONDAY – FRIDAY



It can be tough deciding which benefits you want and need. Great news! You can speak with a benefits expert during this enrollment. Get answers to your benefit questions, help deciding and complete your enrollment in one easy phone call. You can even include your spouse.

Visit [metlife.com/USMD](https://metlife.com/USMD) and click on the *Schedule a phone appointment* button (available 24/7 on your smartphone, tablet, or laptop/computer) or scan the QR code on the right with your smartphone camera



Or call 1-877-277-7476, Monday – Friday, 9 am – 9 pm ET

*The Benefit Coach will call you from Caller ID "Benefits Center" or area code 727 on your scheduled appointment day and time.*

### ENROLL ONLINE 24/7 (until March 28 at 11:59 PM ET)

If you know which benefits you want, want to update beneficiaries and don't have any questions, visit [metlife.com/USMD](https://metlife.com/USMD) and click the *Enroll online* button.



**Employee ID** - your W Number (no dashes or spaces)  
**Initial PIN/password** - the last four numbers of your W number plus your four-digit birth year

**Note**, if you logged in during the past year, all passwords have been reset to the above for this Annual Enrollment.

Example:  
W#: W1123456  
Date of Birth: 08/12/1989

Employee ID or SSN: W1123456  
PIN: 34561989

### PLEASE BE PREPARED WHEN YOU ENROLL

#### INFO FOR DEPENDENTS YOU WANT TO ENROLL

Name  
Social Security #  
Date of Birth

#### BENEFICIARY INFO FOR LIFE INSURANCE

Name  
Relationship to you